



State of Connecticut
Department of Banking
CONSUMER CREDIT DIVISION
260 Constitution Plaza, Hartford, CT 06103



**REQUEST FOR LOAN ORIGINATOR(S) CHANGE OF NAME, ADDRESS OR
BRANCH TRANSFER**

Instructions:

1. Please provide **registration number, full given name, full residential address and license number** for changes concerning loan originator(s). First initials of loan originator(s) or P. O. Box address will not be acceptable. If space provided is not sufficient, please use additional sheets keeping the same format.
2. Any questions, please contact Maria Burgos at 860-240-8211 or via e-mail at maria.burgos@ct.gov.

Company Name _____ **License Number(s)** _____
DBA Name (if applicable) _____

LOAN ORIGINATOR NAME CHANGE

| Reg. # | Current Name | New Name |
|--------|--------------|----------|
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LOAN ORIGINATOR RESIDENTIAL ADDRESS CHANGE

| Reg. #/L/O NAME | Current Address | New Address |
|-----------------|-----------------|-------------|
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LOAN ORIGINATOR BRANCH TRANSFER CHANGE (Must be within same Company)

| Reg. #/L/O NAME | Current License Number | Transfer to New License Number |
|-----------------|------------------------|--------------------------------|
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Name of person completing this form _____ **Date:** _____

Telephone # _____ **E-mail Address** _____